

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213549342			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Thrivent Financial for Lutherans</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: WI</p> </div> <div style="width: 35%;"> <p>DUE DATE: 10/31/2013</p> <p>SCC ID NO: F0030926</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: OPERATIONS CENTER 4321 N BALLARD ROAD</p> <p style="text-align: center;">CITY/ST/ZIP: APPLETON, WI 54919</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BRADFORD L HEWITT TITLE: PRES/CEO ADDRESS: 110 PENINSULA RD CITY/ST/ZIP/CO: MEDICINE LAKE, MN 55441 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: BRADFORD L HEWITT TITLE: PRES/CEO ADDRESS: 110 PENINSULA RD CITY/ST/ZIP/CO: MEDICINE LAKE, MN 55441	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME:	JAMES A THOMSEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/MARKETING		
ADDRESS:	18704 MELROSE CHASE		
CITY/ST/ZIP/CO:	EDEN PRAIRIE, MN 55347		
NAME:	TERRY W TIMM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP SVC ADMN		
ADDRESS:	419 HIDDEN RIDGES WAY		
CITY/ST/ZIP/CO:	COMBINED LOCKS, WI 54113		
NAME:	KIRK D FARNEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	216 E CHICAGO AVE		
CITY/ST/ZIP/CO:	HINSDALE, IL 60521		
NAME:	MARK A JESKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1681 NORTH ASTOR STREET		
CITY/ST/ZIP/CO:	MILWAUKEE, WI 53202		
NAME:	FREDERICK G KRAEGEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1225 HYDE LANE		
CITY/ST/ZIP/CO:	HENRICO, VA 23229		
NAME:	FREDERICK MARK KUHLMANN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1711 STONE RIDGE TRAILS DRIVE		
CITY/ST/ZIP/CO:	KIRKWOOD, MO 63122		
NAME:	FRANK H MOELLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9543 BIG VIEW DRIVE		
CITY/ST/ZIP/CO:	AUSTIN, TX 78730		
NAME:	BONNIE E RAQUET	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2954 PELICAN POINT CIRCLE		
CITY/ST/ZIP/CO:	MOUND, MN 55365		
NAME:	ALICE M RICHTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2774 WILDS LANE NW		
CITY/ST/ZIP/CO:	PRIOR LAKE, MN 55372		
NAME:	JAMES H SCOTT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2853 TANSEY LANE		
CITY/ST/ZIP/CO:	CHESTER SPRINGS, PA 19425		
NAME:	ALLAN R SPIES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9305 E HARVARD AVENUE		
CITY/ST/ZIP/CO:	DENVER, CO 80231		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ADRIAN M TOCKLIN DIRECTOR 4961 BACOPA LANE, SUITE 801 ST. PETERSBURG, FL 33715	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KNUT A OLSON SVP/ MSSION ADV 7122 TURQUOISE DRIVE SW LAKEWOOD, WA 98498	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH CAROW DIRECTOR 950 SILVER HILL LANE GREENWOOD, IN 56142	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ TERESA J RASMUSSEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TERESA J RASMUSSEN, SVP/GC/SEC PRINTED NAME AND CORPORATE TITLE	10/23/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			